

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90035 010 ***150.00

DOCUMENT # P99000089370

1. Entity Name
BONNIE J. OLIVIER, INC.

Principal Place of Business Mailing Address
33608 PICCIOLA DRIVE 33608 PICCIOLA DRIVE
FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731-6118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3602043	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
OLIVER, BONNIE J 33608 PICCIOLA DRIVE FRUITLAND PARK FL 34731			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Bonnie J. Oliver		NAME Bonnie J. Oliver	
STREET ADDRESS 33608 Picciola Drive		STREET ADDRESS 33608 Picciola Drive	
CITY-ST-ZIP Fruitland Park FL 34731		CITY-ST-ZIP Fruitland Park, FL 34731	
TITLE Vice President	<input type="checkbox"/> Delete	TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JAMES L OLIVER		NAME JAMES L OLIVER	
STREET ADDRESS 33608 PICCIOLA DR		STREET ADDRESS 33608 PICCIOLA DR	
CITY-ST-ZIP FRUITLAND PARK, FL 34731		CITY-ST-ZIP FRUITLAND-PARK-FL 34731	
TITLE SECRETARY	<input type="checkbox"/> Delete	TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Bonnie J. OLIVER		NAME BONNIE J. OLIVER	
STREET ADDRESS 33608 PICCIOLA DR		STREET ADDRESS 33608 PICCIOLA DR	
CITY-ST-ZIP FRUITLAND PK. FL 34731		CITY-ST-ZIP FRUITLAND PARK, FL 34731	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X James L. Oliver Vice President** Date: **3-2-00** Daytime Phone #: **352 365 2985**

CR2E034 (9/99)